



a message from the

*Program  
Manager*

Dear Friends,  
I'm sure you've been hearing a lot about how the VA is working to help suicidal Veterans. We need your help! Please be our eyes and ears in the community. If you see a Veteran in crisis intervene immediately. Not sure how? Or perhaps you need to speak with somebody about your own crisis? Call the VA National Suicide Prevention Lifeline telephone number 1-800-273-8255 to talk with a counselor.

And while I'm talking about well-being, the VA has posted a video from its "Get Fit for Life" exercise DVD on YouTube. The DVD features exercise segments that veterans can use as part of their workout, along with tips, myths, and facts about exercise and healthier living. Check it out!

Last but certainly not least - October is breast cancer awareness month. Are you doing everything you can to stay informed? I hope so! Breast cancer is the second most common cancer among women in the U.S. (skin cancer is #1). Breast cancer is also the second leading cause of cancer death in women after lung cancer. Getting an annual mammogram is the best weapon you have in battling deadly breast cancer. Mammograms are available to all women Veterans. Talk to your primary care physician about scheduling your annual mammogram today!

*Bunny Mizzell, LISW-CP*

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## Breast Cancer "Need to Know!"

The bad news - about 182,460 women in the U.S. will be found to have invasive breast cancer in 2008 and about 40,480 women will die from the disease during the same time span. The chance of a woman having invasive breast cancer some time during her life is about 1 in 8.

The good news - right now there are about two and a half million breast cancer survivors in the U.S. The chance of dying from breast cancer is about 1 in 35. As a result of earlier detection and more advanced treatment breast cancer death rates are going down.

The evidence is solid, knowing your risk factors and following regular check up procedures could save your life when it comes to breast cancer.

### *Know Your Risk Factors*

We do not yet know exactly what causes breast cancer, but we do know that certain risk factors are linked to the disease. You might think of them as red flags for increased vigilance. A risk factor is anything that affects a person's chance of getting a disease such as cancer. But don't fear reading on - having a risk factor, or even many risk factors, is not a guarantee that a person will get the disease because it is not known exactly how these risk factors cause cells to become cancerous. Hormones seem to play a role in many cases of breast cancer, but just how

this happens is still not fully understood.

There are multiple risk factors you cannot change. One is gender - women get breast cancer 100 times more than men. Another, age - the chance of getting breast cancer goes up as you get older. Genetics also plays an important part - about 5% to 10% of breast cancers are thought to be linked to changes in certain genes. As with



many other illnesses family history is a link - breast cancer risk is higher among women whose close blood relatives have the disease. Finally, race - white women are slightly more likely to get breast cancer than are African-American women. It should be noted however that African American women are more likely to die of this cancer partly because they wait longer to get treatment, and their tumors grow faster. Asian, His-

panic, and American Indian women have a lower risk of getting breast cancer.

However, there are breast cancer risk factors related to lifestyle that you can change. Studies have found that women who are using birth control pills have a slightly greater risk of breast cancer than women who have never used them. It is not clear what part these pills might play in breast cancer risk. If you take birth control pills, you need to discuss your risk with your doctor to see if you need to change to some other form of birth control.

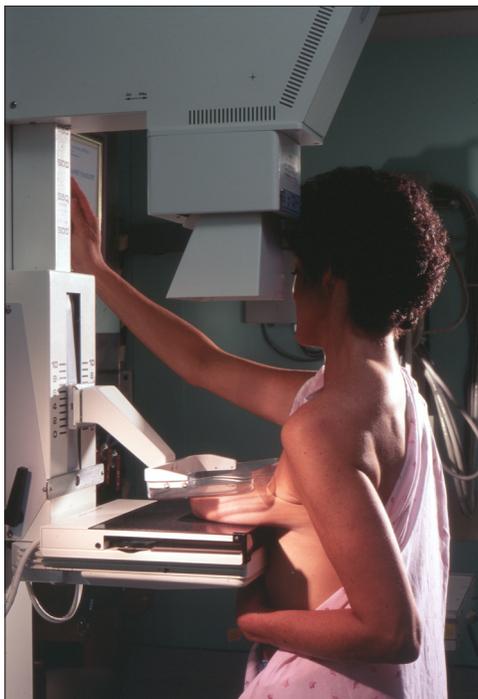
Postmenopausal hormone therapy (PHT), also known as hormone replacement therapy (HRT), has been used for many years to help relieve symptoms of menopause and to help prevent thinning of the bones, or osteoporosis. It has become clear that long term use of several years or more PHT increases the risk of breast cancer and may increase the chances of dying of breast cancer. The breast cancer may also be found at a more advanced stage, perhaps because PHT seems to reduce the effectiveness of mammograms.

There are two main types of PHT. For women who still have a uterus a combination of estrogen and progesterone is prescribed. Because estrogen alone can increase the risk of cancer of the uterus, progesterone is added to help prevent this. For women who have had a hysterectomy, estrogen alone can be prescribed. This is commonly known as ERT – estrogen replacement therapy.

The use of alcohol is clearly linked to an increased risk of getting breast cancer. Women who have one drink a day have a very small increased risk, but those who drink two to five drinks daily have about 1½ times the risk of women who drink no alcohol.

Being overweight or obese is linked to a higher risk of breast cancer. The link between weight and breast cancer risk is complex and studies of fat in the diet as it relates to breast cancer risk have often given conflicting results. However, studies consistently show that exercise reduces breast

cancer risks. One study reports that as little as one hour and 15 minutes to 2½ hours of brisk walking per week reduced the risk by 18%. The American Cancer Society (ACS) recommends that you exercise 45 to 60 minutes five or more days a week.



Veterans should contact their primary care provider to schedule their annual mammogram.

### *How is breast cancer found?*

The earlier breast cancer is found, the better the chances that treatment will work. The goal is to find cancers before they start to cause symptoms. The size of the breast cancer and how far it has spread are the most important factors in predicting the

outlook for the patient.

Women should be aware of changes in their breasts throughout their life time as breast cancer strikes all ages.

Breast self exam is an option for women starting in their 20s. Women should report any changes in how their breasts look or feel to their doctor right away - a lump or swelling, skin irritation or dimpling, nipple pain or the nipple turning inward, redness or scaliness of the nipple or breast skin, or a discharge other than breast milk.

Women in their 20s and 30s should have a clinical breast exam (CBE) as part of a regular exam by their doctor preferably every three years.

The ACS recommends women age 40 and older have a mammogram every year and should continue to do so for as long as they are in good health. After age 40 the breast exam by a doctor should also be done yearly.

A mammogram is an x-ray of the breast. This is a screening test used to look for breast disease in women who do not appear to have breast problems. During a mammogram, the breast is pressed between two plates to flatten and spread the tissue. The pressure lasts only for a few seconds. Although this may cause some discomfort for a moment, it is needed to get a good picture. About 1 in 10 women who get a mammogram will need more pictures taken, but most of these women do not have breast cancer. Only two to four of every 1,000 mammograms lead to a diagnosis of cancer.

## VA Home Loans



With all the problems in the news regarding mortgage foreclosures, it is important to know that the VA offers help on home loans to eligible Veterans!

The Veteran should apply for a certificate of eligibility through the VA Regional Office in her state

(1-800-827-1000). The veteran will then give the certificate to a bank or mortgage company of her choice to finance the loan. The VA guarantees the loan to the private company for the Veteran. No down payment is necessary for the loan, but the Veteran is responsible for any closing costs.

There are some requirements you should be aware of. The Veteran

must occupy the property as her home within a reasonable period of time after closing the loan. The lender decides approval of the loan based on the Veteran's income and debt to make sure the Veteran can afford to pay the mortgage. The Veteran must also have a good credit rating.

For further information on VA home loans, contact the VA Regional

Loan Center in Atlanta at 1-888-768-2132.



**Concerning Women** is offered to provide health information. Medical advice should be obtained from your health care provider. If you would like to provide any suggestions or story ideas email us at [vhachaconcerningwomen@va.gov](mailto:vhachaconcerningwomen@va.gov) or check out the latest news on our website [www.charleston.va.gov](http://www.charleston.va.gov). Questions or comments, please call (843) 789-7260. Editors: Bunny Mizzell and Julie Cupernall

# Charleston VA Medical Center Opens Annex at Navy Hospital

The Charleston VA Medical Center will relocate approximately 8,000 patients and several medical professionals to the former Navy Hospital in North Charleston on Rivers Avenue, now known as the Naval Health Clinic Charleston (NHCC), for Primary Care and outpatient Mental Health services in 2008.

This move will bring these services closer to 70% of the Veteran population served by the downtown facility. The patients who will be moved have not yet been determined. Affected patients will be notified by multiple letters in advance of the move in an effort to eliminate confusion.

The VAMC annex will occupy the entire 7th floor of NHCC for Primary Care and half of the 5th floor for Mental Health. Lab and radiology services will be available.

In the future the Charleston VA Medical Center hopes to acquire the entire NHCC complex. The Navy plans to relocate to the new Consolidated DoD/VA Clinic now under construction at the Naval Weapons Station in Goose Creek. If the NHCC is indeed acquired by the VAMC, there will be some construction needed. The goal is to have the majority of primary care and administrative services moved to that facility by 2012. The abundance of parking (900



spaces), and the room to expand services at the NHCC will both be of great benefit to Lowcountry Veterans.

The space afforded by the movement of primary care services and several administrative

services to the NHCC will also allow expansion of specialty services at the downtown main campus medical center, further benefitting those served by the Charleston VAMC.

## Initiative Builds on Long-Standing Support for Disabled Veterans



Secretary of Veterans Affairs Dr. James B. Peake is leading the charge toward the goal of getting more Veterans into the VA work force. The newly

formed Veterans Employment Coordination Service will oversee the Department's program to recruit new Veterans, especially recently disabled combat Veterans.

"It is important VA continues to set the example to private and public employers," Peake said. "This program builds upon the Department's long tradition of

service to Veterans, particularly the disabled."

The new office will work with military transition programs, Veteran service organizations and other VA programs to promote careers in the VA workforce. The program will also work with VA managers and human resource offices to ensure supervisors are aware of programs for hiring Veterans. Efforts to assist severely injured Veterans have already begun with the Department's participation in local career fairs targeting Veterans of the Global War on Terror.

In November 2007, VA announced plans to hire 10 full-time re-

gional Veterans employment coordinators who provide hands-on assistance to Veterans interested in careers at the Department. The new office will oversee the regional coordinators.

About 31 percent of VA's 260,000 employees are Veterans, and nearly eight percent are service-connected disabled veterans. VA ranks first among non-Defense agencies in the hiring of disabled Veterans and is second only to the Department of Defense in the overall number of Veterans on the workforce. Last fiscal year, VA hired more than 9,000 Veterans.

*Veterans seeking more information regarding employment at the Ralph H. Johnson VA Medical Center and its associated Community Based Outpatient Clinics in Savannah, Beaufort, Goose Creek and Myrtle Beach may contact Eloise Davis at (843) 789-7401.*

## Charleston VA Medical Center

843-577-5011 or toll free 1-888-878-6884

### Telephone Advice Line

843-789-6400 or toll free at 1-888-878-6884

Veterans who need medical advice from their Primary Care provider or have questions about their medications can call the TAP line Monday through Friday from 8:00 a.m. to 4:00 p.m.

### Scheduling an Appointment

843-789-6500 or toll free at 1-888-878-6884

Veterans who need to schedule, cancel or reschedule an appointment for all Primary Care Clinics including Myrtle Beach, Savannah, Beaufort and Goose Creek can call Monday through Friday from 8:00 a.m. to 4:00 p.m.

### Automated Prescription Refill Line

843-577-5011 extension 5220 or toll free at 1-888-878-6884 extension 5220

Veterans who need to request a refill of a prescription or check the status of refills can call 24 hours a day, 7 days a week. Have your social security number and prescription numbers ready when calling.

### VA Benefits (other than healthcare)

1-800-827-1000

Veterans who need information on VA benefits including VA pension and compensation, home loans and education can call the VA Regional Office.

### Billing Questions

1-866-258-2772

Veterans who have questions about a bill received from the Charleston VA Medical Center can call the VA Revenue Center.

For more information on VA related topics visit [www.charleston.va.gov](http://www.charleston.va.gov).

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